



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

468

09605
112

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Worchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Two years

Hospital, Institution, or street address where death occurred:

Cambridge Md. Hospital

How long in hospital or institution?

2 weeks

3. (a) FULL NAME

Lester Bell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Single

6. (b) Name of husband or wife

Louise Bell

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 76 years

7/15/1915

8. AGE: Years

Months

Days

It less than one day

35

2

10

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Lester Bell

11. Industry or business

—

12. Name

Jonas Bell

13. Birthplace

Virginia

14. Maiden name

Blanche Locust

15. Birthplace

Virginia

16. Informant

Louise Bell

Address

Cambridge, Md.

17. Burial

Date thereof 10-28-47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Ave. City

Location

Cambridge Md.

18. Funeral director

L. H. Bayneur

Address

Cambridge, Md.

19. 10-28-47

19-47

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County

Worchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1947 at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 8-20-45 1945 to 10-22 1947

and that I last saw him alive on October 1947

Immediate cause of death

Carcinoma of stomach

Due to

Due to

Due to

Metastatic carcinoma of liver

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address 32 Race Street, Cambridge, Md.

Date signed 10-24-47

RECEIVED

NOV 1 1947

BEREA 7-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09906

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 50 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? One Week

3. (a) FULL NAME

Elsie Richardson Beckwith Bonner

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 4, 1884

8. AGE:

Years 63

Months -

Days 15

If less than one day

hrs. min.

9. Birthplace

Wilmington, Delaware

(Town, county, and state)

10. Usual occupation

Saleslady

11. Industry or business

Garments

MOTHER FATHER

Webster Richardson

12. Name

Elmer Davis

13. Birthplace

- - - - -

14. Maiden name

Mrs. Laura Wilkinson

15. Birthplace

- - - - -

16. Informant

Cambridge, Maryland

Address

Cambridge, Cemetery

Cemetery or crematory

Cambridge, Maryland

Location

LeCompte's Funeral Service

18. Funeral director

Cambridge, Maryland

Address

John Meager, md

(Date rec'd by registrar)

19. 10-24-1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 128 Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 19, 1947, at 47

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 11, 1947, to Oct. 19, 1947, and that I last saw her alive on Oct. 19, 1947.

Immediate cause of death

CEREBRAL THROMBOLYSIS

DURATION

36 HRS.

Due to CORONARY ARTERY THROMBOSIS

8 days.

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Other conditions MACROCYTIC ANEMIA 4 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

NONE

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 0

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

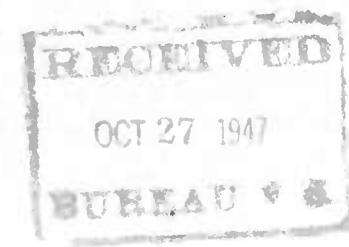
Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed 10/22/47

10-24-1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69007

CERTIFICATE OF DEATH

Reg. Dist. No. 116

488

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Stella M. Brodawon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

June 13/1887

8. AGE:

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery

Location

18. Funeral director

Address

19. (a) 18

19. 47

(Date rec'd by registrar)

John Macdonald

M.D. or other

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Md

Cambridge

County

Dorchester

Street No.

133

Race St.

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 16

19. 47, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 20 19. 47, to October 16 19. 47,

and that I last saw her alive on 11 October 19. 47.

Immediate cause of death

Cancer of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 32 Race Street Date signed 10-18-47

Cambridge, Md.

RECEIVED

OCT 24 1947

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69008

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

16 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Charles W Cephas

4. Suffix

5. Color or race

6. (a) Single, married, widowed, or divorced

male, Col married

6. (b) Name of husband or wife

Sarah Cephas

from 18 1888

6. (c) If alive, give age

53 years

Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

64

.

.

.

hrs.

.

.

9. Birthplace: Dor. Co (Town, county, and state)

10. Usual occupation:

Farmer

11. Industry or business

12. Name: William J Cephas

13. Birthplace: Dor Co

14. Maiden name: Amelia Thomas

15. Birthplace: Dor Co

16. Informant: Sarah Cephas

Address: Forks Neck Rd

17. Burial: Cemetery Date thereof: Oct 19 1947

(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery

Location: Forks Neck Rd

18. Funeral director: Lewis K Bolyea

Address: Cambridge Md

19. (Date rec'd by registrar) 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County

City or town: Forks Neck

(If outside city or town limits, write RURAL and give nearest town)

Street No: Rte 10

MD Cambridge Md

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 15 1947 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 10 1947 to Oct 15 1947 and that I last saw him alive on Oct 15 1947

Immediate cause of death:

Chronic myocarditis

DURATION

6 months

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

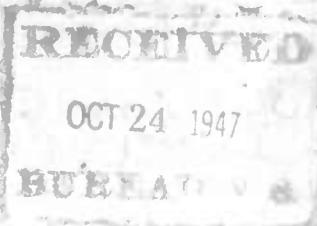
Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Hugh Brown

M. D. or other

Address: Cambridge Md Date signed: 10/17/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In some cases, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161a

09009

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Cambridge Md Hospital

How long in hospital or institution?

3. (a) FULL NAME

Anthony Chester

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male col.

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day

2 hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Dorchester

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Oct 21 1947 at 846pm
Oct 20 1947 to Oct 21 1947

and that I last saw him alive on Oct 21 1947

Immediate cause of death

Atelectasis newborn 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Alfred E. Bunker M.D. M. D. or other

Address Cambridge Md. Date signed 10-32-47

Registrar

RECEIVED

OCT 27 1947

FBI - BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45C

09010

CERTIFICATE OF DEATH

Reg. Dist. No. 11C

1. PLACE OF DEATH:

County HagerstownCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

fea Col Married

Ezraim Calenb

7. Birth date of deceased (mo., day, yr.)

6. (e) If alive, give age years

May 14, 1893

8. AGE:

Years 54 Months 7 Days 16 If less than one dayhrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

man

12. Name

Dont know

13. Birthplace

Charles Co

14. Maiden name

Dont know

15. Birthplace

Dont know

16. Informant

Ezraim Calenb

Address

Cambridge 32 Park Lan

17. Date thereof

Nov 2

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Easiley

Location

Easiley

18. Funeral director

Lind H Bamforn

Address

Cambridge rd

19. Date rec'd by registrar

11-3-1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct 30, 1947, at 3:55 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 27, 1947, to Oct 30, 1947,

and that I last saw her alive on Oct 28, 1947,

Immediate cause of death myocardial failure

DURATION

1 day

Due to: Carcinoma of hard palate of mouth

14 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

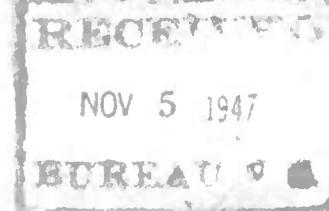
Injured at work?

23. SIGNATURE Lawrence Maryanov

M. D. or other

Address Cambridge, Md. Date signed 10/31/47

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09011

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 11 mo., 19 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 2 yrs., 11 mo., 19 days

3. (a) FULL NAME

Guy H. Coursey

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

Nellie Burroughs

6. (c) If alive, give age unknown

7. Birth date of deceased (mo., day, yr.)

unknown

8. AGE:

Years 68?

Months

Days

If less than one day

hrs. min.

9. Birthplace

Grasonville, Md.

(Town, county, and state)

10. Usual occupation

Oysterman and automobile dealer

11. Industry or business

unknown

MOTHER FATHER

12. Name

Charles O. Coursey

MOTHER FATHER

13. Birthplace

Grasonville, Md.

MOTHER FATHER

14. Maiden name

Alice B. Rhodes

MOTHER FATHER

15. Birthplace

Anne Arundel Co.

18. Informant

Eastern Shore State Hospital Records

Address

Cambridge, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 4, 1947

(month) (day) (year)

Cemetery or crematory

Chesterfield Cem.

Location

Centreville, Queen Anne Co. Md.

18. Funeral director

Tector Bros

Address

Centreville Maryland

19.

10/1/47

19

John May Jr. M.D.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Queen Anne

City or town Grasonville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 2

1947 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1 1947 to Oct. 2 1947

and that I last saw him alive on October 2 1947

Immediate cause of death Arteriosclerotic
cardio-vascular disease

DURATION

2 yrs.

Due to senility

Due to

Other conditions Involutional psychosis

1944

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert Bertrand May, M.D.

M. D. or other

Address

Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09612

CERTIFICATE OF DEATH

46e
Reg. Dist. No. 111

1. PLACE OF DEATH:

County... *Dorchester*City or town... *Secretary*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Lee Dean

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife.

7. Birth date of deceased (mo., day, yr.) *Sept 30 1878*8. AGE: Years *69* Months *0* Days *23* If less than one day
hrs. min.

9. Birthplace.....

(Town, county, and state)

10. Usual occupation *House work*11. Industry or business *Secretary*12. Name *Frankley Morris*13. Birthplace *2nd*14. Maiden name *Martha Furst*15. Birthplace *3rd*16. Informant *Mary Dean*Address *Secretary*17. Burial, cremation, or removal. Which? *Burial* Date thereof *Oct 26 1947*

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory *Burial Cemetery*Location *East New Market*

4 1/3 Kilometers

18. Funeral director *East New Market*Address *East New Market*19. Date rec'd by registrar *Oct 24 1947*

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland*County *Dorchester*City or town... *Secretary*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 23 1947 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19 47 to *October 23 1947*and that I last saw her alive on *October 17 1947*

Immediate cause of death.....

Carcinoma of colon DURATION *3 yrs*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE *W C Harrison MD* M. D. or otherAddress *Harlock Md.* Date signed *Oct 24 1947*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69013

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
 County..... Dorchester
 City or town..... East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred: X

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Dorchester
 City or town..... East NewMarket
 (If outside city or town limits, write RURAL and give nearest town)

Street No..... X
 (If rural, give LOCATION)

3. (a) FULL NAME

Katie Demby

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	single

6.(b) Name of husband or wife..... X X

B.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) about 1901

8. AGE: Years	Months	Days	If less than one day
about 46	0	0 hrs. min.

9. Birthplace..... North Carolina?
 (Town, county, and state)

10. Usual occupation..... Housework and Canning House

11. Industry or business..... X X

12. Name..... Unknown

13. Birthplace..... "

14. Maiden name..... Unknown

15. Birthplace..... "

16. Informant..... Floyd Henry

Address..... East NewMarket, Md.

17. Burial Date thereof..... Oct 20 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cemetery

Location..... East NewMarket

18. Funeral director..... S. B. Willoughby

Address..... East NewMarket

19. (Date rec'd by registrar) Oct 19 1947

(Elizabeth C. Sonnen) Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 17 1947 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19..... to..... X X 19

and that I last saw h..... alive on..... X X 19

Immediate cause of death..... Disease of Coronary Arteries

DURATION

a week
or two

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. K. Shivas, D. of Med. Exam.

M. D. or other

Address..... Cambridge, Md.

Date signed Oct. 17/47

RECEIVED

OCT 23 1947

BUREAU F.B.I.

P.R.C

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Death
2000

09505

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

405 Edgewood AvenueLength of mother's stay in County ?
(How many years, or months, or days. SPECIFY WHICH)3. Name of child Jean Ennals5. Sex female6. Twin or triplet 2d twin

FATHER OF CHILD

8. Full name Samuel R. Ennals9. Color Col. 10. Age at time of this birth ? yrs.

11. Usual occupation ?

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? ?
(b) How many other children were born alive but are now dead? ? (c) How many other children were born dead? ?17. Did child die before labor? Yes During labor? X

18. Pregnancy, complications of ?

19. Labor: (a) Complications of ?

(b) Induced?

20. (a) Was there an operation for delivery? No
(Yes or No)

(b) State all operations, if any.

(c) Did child die before operation?

During operation?

23. (a) (b) Date thereof
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory24. (a) Funeral director
(b) Address

2. USUAL RESIDENCE OF MOTHER:

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 405 Edgewood Avenue

(If RURAL give LOCATION)

4. Date of birth Oct. 2, 1947 Hour 5-30-6 P.M.7. No. of weeks pregnancy 6 mos.

MOTHER OF CHILD

12. Full maiden name Mabel Brown13. Color col. 14. Age at time of this birth ? yrs.

15. Usual occupation ?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes ?

(b) Maternal causes X

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature Dr. J. K. Stevens

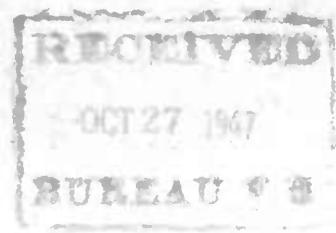
(Specify if M. D., midwife, or other)

Deputy Medical Examiner

Address

25. (a) (b)
(Date rec'd by registrar) (Registrar)26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per



P.R.C.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

09506

Reg. Dist. No.

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

40 Edgewood Avenue

Length of mother's stay in County ?
(How many years, or months, or days. SPECIFY WHICH)

3. Name of child (Twin) Ennals - Josephine

5. Sex female 6. Twin or triplet twin

FATHER OF CHILD

8. Full name Samuel R. Ennals

9. Color col. 10. Age at time of this birth ? yrs.

11. Usual occupation ?

16. Other children born to mother (not including present child): (a) How many children of this mother are now living ? ?
(b) How many other children were born alive but are now dead ? ? (c) How many other children were born dead ? ?17. Did child die before labor? yes During labor?

18. Pregnancy, complications of ?

19. Labor: (a) Complications of ?
(b) Induced ?20. (a) Was there an operation for delivery? no
(b) State all operations, if any.(c) Did child die before operation ?
During operation ?23. (a) (b) Date thereof
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory24. (a) Funeral director
(b) Address

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 405 Edgewood Avenue
(If RURAL give LOCATION)

4. Date of birth Oct. 2, 1947 Hour 5-30-6 P.M.

7. No. of weeks pregnancy 6 mos.

MOTHER OF CHILD

12. Full maiden name Mabel Brown

13. Color col. 14. Age at time of this birth ? yrs.

15. Usual occupation ?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes ?

(b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature *Jos. R. Thriner*
(Specify if M. D., midwife, or other)Deputy Medical Examiner
Address25. (a) (b)
(Date rec'd by registrar) (Registrar)26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69014

50

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

20 years

How long in above place of death?

Hospital, institution, or street address where death occurred

13 Locust St Cambridge, Md.

How long in hospital or institution?

3. (a) FULL NAME

Edith Jones Eurielle

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Widowed

6. (b) Name of husband or wife

Sulphur W. Eurielle

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

June 2, 1863

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Cambridge, R. S. D.

(Town, county, and state)

10. Usual occupation

Retired School Teacher

11. Industry or business

James Jones

12. Name

Dor Co

13. Birthplace

Margaret Radcliffe

Dor Co.

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

20. Date of death

21. Date of death

22. Date of death

23. Date of death

24. Date of death

25. Date of death

26. Date of death

27. Date of death

28. Date of death

29. Date of death

30. Date of death

31. Date of death

32. Date of death

33. Date of death

34. Date of death

35. Date of death

36. Date of death

37. Date of death

38. Date of death

39. Date of death

40. Date of death

41. Date of death

42. Date of death

43. Date of death

44. Date of death

45. Date of death

46. Date of death

47. Date of death

48. Date of death

49. Date of death

50. Date of death

51. Date of death

52. Date of death

53. Date of death

54. Date of death

55. Date of death

56. Date of death

57. Date of death

58. Date of death

59. Date of death

60. Date of death

61. Date of death

62. Date of death

63. Date of death

64. Date of death

65. Date of death

66. Date of death

67. Date of death

68. Date of death

69. Date of death

70. Date of death

71. Date of death

72. Date of death

73. Date of death

74. Date of death

75. Date of death

76. Date of death

77. Date of death

78. Date of death

79. Date of death

80. Date of death

81. Date of death

82. Date of death

83. Date of death

84. Date of death

85. Date of death

86. Date of death

87. Date of death

88. Date of death

89. Date of death

90. Date of death

91. Date of death

92. Date of death

93. Date of death

94. Date of death

95. Date of death

96. Date of death

97. Date of death

98. Date of death

99. Date of death

100. Date of death

101. Date of death

102. Date of death

103. Date of death

104. Date of death

105. Date of death

106. Date of death

107. Date of death

108. Date of death

109. Date of death

110. Date of death

111. Date of death

112. Date of death

113. Date of death

114. Date of death

115. Date of death

116. Date of death

117. Date of death

118. Date of death

119. Date of death

120. Date of death

121. Date of death

122. Date of death

123. Date of death

124. Date of death

125. Date of death

126. Date of death

127. Date of death

128. Date of death

129. Date of death

130. Date of death

131. Date of death

132. Date of death

133. Date of death

134. Date of death

135. Date of death

136. Date of death

137. Date of death

138. Date of death

139. Date of death

140. Date of death

141. Date of death

142. Date of death

143. Date of death

144. Date of death

145. Date of death

146. Date of death

147. Date of death

148. Date of death

149. Date of death

150. Date of death

151. Date of death

152. Date of death

153. Date of death

154. Date of death

155. Date of death

156. Date of death

157. Date of death

158. Date of death

159. Date of death

160. Date of death

161. Date of death

162. Date of death

163. Date of death

164. Date of death

165. Date of death

166. Date of death

167. Date of death

168. Date of death

169. Date of death

170. Date of death

171. Date of death

172. Date of death

173. Date of death

174. Date of death

175. Date of death

176. Date of death

177. Date of death

178. Date of death

179. Date of death

180. Date of death

181. Date of death

182. Date of death

183. Date of death

184. Date of death

185. Date of death

186. Date of death

187. Date of death

188. Date of death

189. Date of death

190. Date of death

191. Date of death

192. Date of death

193. Date of death

194. Date of death

195. Date of death

196. Date of death

197. Date of death

198. Date of death

199. Date of death

200. Date of death

201. Date of death

202. Date of death

203. Date of death

204. Date of death

205. Date of death

206. Date of death

207. Date of death

208. Date of death

209. Date of death

210. Date of death

211. Date of death

212. Date of death

213. Date of death

214. Date of death

215. Date of death

216. Date of death

217. Date of death

218. Date of death

219. Date of death

220. Date of death

221. Date of death

222. Date of death

223. Date of death

224. Date of death

225. Date of death

226. Date of death

227. Date of death

228. Date of death

229. Date of death

230. Date of death

231. Date of death

232. Date of death

233. Date of death

234. Date of death

235. Date of death

236. Date of death

237. Date of death

238. Date of death

239. Date of death

240. Date of death

241. Date of death

242. Date of death

243. Date of death

244. Date of death

245. Date of death

246. Date of death

247. Date of death

248. Date of death

249. Date of death

250. Date of death

251. Date of death

252. Date of death

253. Date of death

254. Date of death

255. Date of death

256. Date of death

257. Date of death

258. Date of death

259. Date of death

260. Date of death

261. Date of death

262. Date of death

263. Date of death

264. Date of death

265. Date of death

266. Date of death

267. Date of death

268. Date of death

269. Date of death

270. Date of death

271. Date of death

272. Date of death

273. Date of death

274. Date of death

275. Date of death

276. Date of death

277. Date of death

278. Date of death

279. Date of death

280. Date of death

281. Date of death

282. Date of death

283. Date of death

284. Date of death

285. Date of death

286. Date of death

287. Date of death

288. Date of death

289. Date of death

290. Date of death

291. Date of death

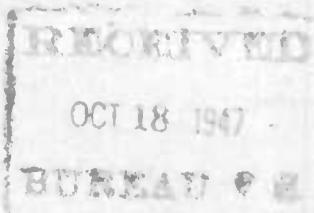
292. Date of death

293. Date of death

294. Date of death

295. Date of death

296. Date of death





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09615

46b
Reg. Dist. No. 110

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County DORCHESTER

City or town RURAL - RHODESDALE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 YEARS

Hospital, institution, or street address where death occurred:

R.F.D. #1

How long in hospital or institution?

3. (a) FULL NAME

CLARA LOUISE FLEMING

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife

JOHN K. FLEMING

7. Birth date of deceased (mo., day, yr.)

MAY 22, 1876

6. (c) If alive, give age

69

years

8. AGE:

71

4

10

If less than one day

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

-

9. Birthplace

BARRY TOWN NEW YORK

(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

OWN HOME

MOTHER

FATHER

12. Name FREDERICK QUITMAN

13. Birthplace UNKNOWN, NEW YORK

14. Maiden name ELDA E. ARNOLD

15. Birthplace NEW YORK CITY, NEW YORK

16. Informant JOHN K. FLEMING

Address RHODESDALE, MARYLAND - R.F.D. #1

17. BURIAL

(Burial, cremation, or removal. Which?)

Date thereof OCTOBER 4, 1947
(month) (day) (year)

Cemetery or crematory ODD FELLOWS CEMETERY

Location SEAFORD, DELAWARE

18. Funeral director MEDFORD L. WATSON JR.

Address SEAFORD, DELAWARE

19. (Date rec'd by registrar) 19

H. L. Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County DORCHESTER

City or town RURAL - RHODESDALE

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #1

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 1, 1947, at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 24th 1947 to Oct. 1, 1947

and that I last saw her alive on Oct 1st 1947

1947

Immediate cause of death

Carcinoma of stomach
Diffuse carcinomatosis

DURATION

2 yrs.

3 month

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation: Inoperable carcinoma
of stomach Date of op. Nov. '46

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

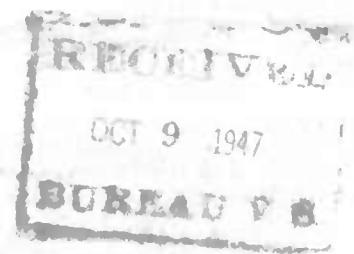
Injured at work?

23. SIGNATURE

J. Leland Fox, M.D.

M. D. or other

Address: Seaford, Del. Date signed: 10/12/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

69017

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas H. Flowers

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

Edua H. Flowers

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

May 16-1892

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

55

5

1

9. Birthplace

(Town, county, and state)

Barren Island, Dor Co

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

alfred H. Flowers

12. Name

Hector Co

13. Birthplace

Carrie Smith

14. Maiden name

Wicomico Co.

15. Birthplace

16. Informant

Thomas H. H. Flowers Jr

Address

Philadelphia, Pa

17. Burial

(Burial, cremation, or removal. Which?).

Date thereof 10-29-47

(month) (day) (year)

Cemetery or crematory

Location

Hoosier Memorial

28. Funeral director

Address

Kenneth R. Thomas

29. Date rec'd by registrar

10/29/

1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Solomons Creek

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 27

1947 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 25,

1947, to

Oct 27, 1947

and that I last saw him alive on Oct 25,

1947

Immediate cause of death.

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Macay, M.D.

M. D. or other

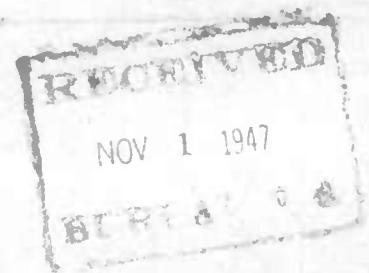
Date signed 10/22/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

VS A15 9-45-15M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09507

CERTIFICATE OF DEATH

93a
Reg. Dist. No. 111

1. PLACE OF DEATH:

County

City or town

Dorchester
Hunlock, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

few weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Eiley L. Higgins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Feb. 8, 1858

8. AGE:

Years

Months

Days

If less than one day

89 3 1 hrs. min.

9. Birthplace

(Town, county, and state)

Seaford, Delaware

10. Usual occupation

Womans

11. Industry or business

Robert Brown

12. Name

Seaford, Delaware

13. Birthplace

Elizabeth F. (and second)

14. Maiden name

Seaford

15. Birthplace

Eiley L. Higgins

16. Informant

Hunlock, Md.

Address

17. Burial

Date thereof 11/2/47
(Burial, cremation, or removal which?) (month) (day) (year)

Cemetery

Cemetery

Location

East New Market, Md.

18. Funeral director

J. B. Melburg, Jr.

Address

East New Market

19. Nov. 1, 1947

Elizabeth C. Smith
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

City or town

East New Market

Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 29 1947 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 24 1947 to Oct. 29 1947

and that I last saw her alive on Oct. 29 1947

Immediate cause of death

Chronic Myocardial Degeneration 1 yr +

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. C. Harris, M.D.

M. D. or other

Address

Hunlock, Md. Date signed 11/1/47

RECEIVED

NOV 13 1947

B. H. G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

190

09016

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County. (Drawbridge.) Dorchester.

City or town. Drawbridge, Cambridge, R.D., Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime.

Hospital, institution, or street address where death occurred:

Same as above.

How long in hospital or institution?

No hospital.

3. (a) FULL NAME

Edith Jackson. (No Middle Name.)

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female.

Colored.

Married.

6. (b) Name of husband or wife. George Hersey. (Common Law)

7. Birth date of deceased (mo., day, yr.) June 1st 1883. 6. (c) If alive, give age. 70 years

8. AGE: Years 64 Months 4 Days 10 If less than one day hrs. min.

9. Birthplace. Drawbridge, Dor., Co., Maryland. (Town, county, and state)

10. Usual occupation. Housewife. Farm worker.

11. Industry or business Housekeeping. Farming.

12. Name. Richard Stanley.

13. Birthplace. Dorchester County, Md.

14. Maiden name. Edith Stanley.

15. Birthplace. Dorchester County, Maryland.

16. Informant. Minnie Jackson, (Daughter.)

Address Cambridge, R.D., Maryland.

17. Burial. Date thereof. Oct., 15th /47. (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory. Drawbridge Cemetery.

Location. Drawbridge, Dor., Co., Md.

18. Funeral director. Lewis Baenum.

Address Cambridge, Maryland.

19. Oct. 13 1947. (Date rec'd by registrar)

Elizabeth H. Beall-

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland. County. Dorchester.

City or town. Drawbridge, Cambridge, R.D., Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. No street address.

(If rural, give LOCATION)

2. (a) If veteran, name war. No Veteran.

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

20. DATE OF DEATH. October 11th 1947. 19 at 8 P.M.I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11th 1947, to October 11th 1947, and that I last saw her alive on October 11th. 1947.

Immediate cause of death. Interstitial Nephritis DURATION

Due to. Cold, exposure, work.

Due to.

Other conditions. Uraemia.

(Include pregnancy within 3 months of death)

Major findings of operations. No operations.

Date of op.

Autopsy results. No autopsy.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide. No. Date of. No.

Where did injury occur? No.

(City or town) (County) (State)

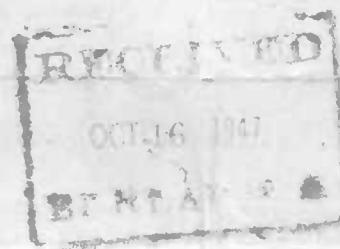
Injured at home, farm, industry, public place (where?) No. injury.

Means of injury

Injured at work?

23. SIGNATURE. Edward E. Lamkin, M.D., Vienna, Md.

Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940
69618

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) single, married, widowed, or divorced

Male

Col

Married

6. (b) Name of husband or wife

Annie Johnson

Feb 12 1876

6. (c) If alive, give age

years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

7/

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

farmer

11. Industry or business

12. Name

William A Johnson

13. Birthplace

Cape May

14. Maiden name

Anne Johnson

15. Birthplace

Cape May

16. Informant

Annie Johnson

Address

Cape May

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct 19/47

(month) (day) (year)

Cemetery

Location

Cape May

18. Funeral director

DeWitt H Raymond

Address

Cambridge Md

19. 10-18-47

(Date rec'd by registrar)

John Mac

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

Cape

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Beach Ground Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 14

1947, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1947, to Oct 14, 1947, to death.

and that I last saw him alive on Oct 14, 1947.

Immediate cause of death

Cerebral Sclerosis

DURATION

?

Due to

Generalized Arterio-

Sclerosis

Due to

Prostate hypertrophy

?

Other conditions

Residual reflexes

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Cayenne Md

John Mac

M. D. or other

Dorchester Md

Oct 17, 1947 Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69019

CERTIFICATE OF DEATH

94a
Reg. Dist. No. 118

1. PLACE OF DEATH:

County DorchesterCity or town Williamsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yearsHospital, institution, or street address where death occurred: Bostown

How long in hospital or institution?

3. (a) FULL NAME

Ada A. Jones

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

John W. Jones

7. Birth date of deceased (mo., day, yr.)

May 15, 1907

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

40

4

20

hrs.

min.

9. Birthplace

Hedgesville, Carroll County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

FATHER

12. Name

John Mitchell

MOTHER

13. Birthplace

Caroline County, Maryland

14. Maiden name

Nora Sharp

15. Birthplace

Caroline County, Maryland

16. Informant

Rosalie Smith V.

Address

Williamsburg, Maryland, P.T.O.

17. Burial

Date thereof: October 9, 1947
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Streettown Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Trampton and Son

Address

Williamsburg, Maryland

19. (Date rec'd by registrar)

October 9, 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Williamsburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Bostown
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-24-1262

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1947 at 11:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw her alive on 19.

Immediate cause of death

Disease of Coronary AteriaDue to — 6 hrs.Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE J. K. Shriver, Dep. Med. Exam. M. D. or other —Address Baltimore, Md. Date signed Oct. 6/47

Registrar



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

127a

09020

Reg. Dist. No. 16

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Kiah

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

Colored

widowed

6. (b) Name of husband or wife

Lillian Kiah

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

June 5, 1886

8. AGE:

Years

Months

Days

If less than one day

61

4

11

hrs. min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

Musician & laborer

11. Industry or business

MOTHER FATHER

12. Name

Samuel Kiah

13. Birthplace

Dorchester county Md.

14. Maiden name

Mary Jane Trippie

15. Birthplace

Dorchester County Md.

16. Informant

Minnie Graves

Address

Dobson Street, Cambridge Md.

17. Burial, cremation, or removal. Which?

Date thereof Oct. 20
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Cambridge

18. Funeral director

Lewis H. Bergman

Address

Cambridge Md

19. Date rec'd by registrar

10-20

1947

John Macpherson
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 12 Dunns Lane

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16

1947, at 12:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 2, 1947, to Oct. 16, 1947,

and that I last saw him alive on Oct. 15, 1947.

Immediate cause of death Chronic Chole-
cystitis chronic cholangitis

DURATION

6 m/o

1 m/o

Due to:

Due to:

Other conditions Hypertension

12 m/o

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M. St. Clair

M. D. or other

Address

Pan Cedar St

Date signed 10-18-47

RECEIVED

OCT 24 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69021

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

annie. M. Longford

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white Widow

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

Oct 2 1868

8. AGE:

Years

Months

Days

If less than one day

84

"

13

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

House work,

11. Industry or business

of house. b. collection

MOTHER

FATHER

12. Name

John

13. Birthplace

Md

14. Maiden name

Elizabeth Lewis

15. Birthplace

Md

16. Informant

Loyd Longford

Address

716 Lee St

17. Burial

Buryal

Date thereof (month) (day) (year)

(Burial, cremation, or removal, which?)

Cemetery or crematory

Baltimore Cemetery

Location

Baltimore

18. Funeral director

J. B. Tillinghast

Address

Harkness

19. Oct 10

1947

(Date rec'd by registrar)

Diphth. C. Reg. No. 10
Registration

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

Vienna

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 8th 1947 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 20 1947 to Oct 7 1947

and that I last saw her alive on Oct 7 1947

Immediate cause of death

Pneumonia, Lobar

DURATION

Due to

Sensitivity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

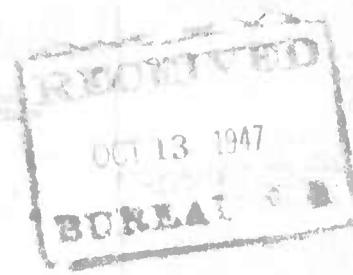
Injured at work?

23. SIGNATURE

M. D. or other

Address

P. J. Brown, M.D.
East New Market 10/8/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69022

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 yrs., 4 mos., 8 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 31 yrs., 4 mos., 8 days

3. (a) FULL NAME

Emma Mowbray

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

March 12, year unknown 1876

8. AGE:

Years

Months

Days

If less than one day

71 (?)

hrs.

min.

9. Birthplace..... Near Airey's, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation.....

Laborer

11. Industry or business.....

Unknown

MOTHER

12. Name..... Thomas Mowbray

13. Birthplace.....

Unknown

14. Maiden name..... Mary Willy

15. Birthplace..... Unknown

16. Informant..... Eastern Shore State Hospital Records

Address..... Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?)

Date thereof..... Oct 18 1947

(month) (day) (year)

Cemetery or crematory.....

Location..... East New Market

18. Funeral director.....

Address..... 7 B. Mullings Blv

19. 10-172 1947 Jan 23 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number.....

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 16, 1947, 6:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 8, 1947, to October 16, 1947,

and that I last saw her alive on October 16, 1947.

Immediate cause of death.....

Arteriosclerotic cardiovascular disease

DURATION.....

2 yrs.

Due to.....

Due to.....

Other conditions..... Senility, Dementia Praecox

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other.....

Address.....

Date signed..... Oct 16 1947

RECEIVED

OCT 18 1947

BUREAU OF SP

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09023

61

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 14 years - 14 days - 1 mo.

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution?..... 14 years - 14 days - 1 mo.

3. (a) FULL NAME

Lida Nelson

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Widowed

6.(b) Name of husband or wife..... Mr. Medford E. Nelson

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

August 12, 1873

8. AGE:

Years

Months

Days

If less than one day

74

1

19

hrs.

min.

9. Birthplace..... Caroline County

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business

12. Name..... Unknown

13. Birthplace

14. Maiden name..... Unknown

15. Birthplace

16. Informant..... Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof. Oct 3-47
(month) (day) (year)

Cemetery or crematory

Greenwood

Location

Hedgesville, Maryland

18. Funeral director

Barton Bros

Address

Cedarcroft, Maryland

19. (Date rec'd by registrar)

1947

John Macdonald
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Queen Anne's County

City or town..... Price's Station

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 1, 1947, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1, 1947, to October 1, 1947,

and that I last saw her alive on October 1, 1947.

Immediate cause of death.....

Senile Psychosis (senility)

DURATION

14 yrs.

Due to..... Diabetes, prior to

1933

Due to.....

Other conditions..... Gastro Intestinal Disorder

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

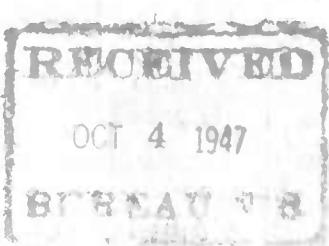
Injured at work?

23. SIGNATURE..... Robert B. May, M.D.

M.D. or other

Address..... E.S.S.H., Cambridge, Md. Date signed..... 10-1-47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

196

09024

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County DorchesterCity or town Vienna - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

Vienna - Cambridge Road

How long in hospital or institution?

3. (a) FULL NAME

Robert B. Parker, Jr.

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MaleColoredSingle

6.(b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

May 12, 1904

6.(c) If alive, give age

8. AGE: Years

Months

Days

If less than one day

43420

hrs.

min.

9. Birthplace

Vienna, Maryland

(Town, county and state)

10. Usual occupation

Day Laborer

11. Industry or business

Farm and Factory

MOTHER FATHER

12. Name

Robert B. Parker

13. Birthplace

Dorchester County, Maryland

Clara Durrard

MOTHER FATHER

14. Maiden name

Clara Durrard

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Clara Parker

Address

Vienna, Maryland

17. Burial

Date thereof October 5, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Vienna Cemetery

Location

Vienna, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. Date rec'd by registrar

Oct 3 1947Elizabeth D. Craft

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Vienna - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Vienna - Cambridge Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 2 1947 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 12 1946 to Sept 28, 1947
and that I last saw him alive on Sept 28, 1947

Immediate cause of death

Pulmonary Tuberculosis DURATION 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

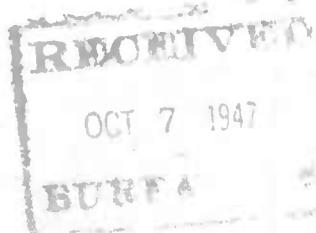
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lawrence Marano M. D. or otherAddress 136 Race St. Date signed Oct 12 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170C

B9625

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**
 County
 City or town**Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long above place of death?**1 hr.**
 Hospital, institution, or street address where death occurred: **Cambridge-Maryland Hospital**
 How long in hospital or institution?**1 hr.**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State **Maryland** County **Dorchester**
 City or town **Vienna**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **X**
 (If rural, give LOCATION)

3. (a) FULL NAME

Louis Poulson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	?

6.(b) Name of husband or wife **no history**7. Birth date of deceased (mo., day, yr.) **about 1915**8. AGE: Years **32** Months **X** Days **X** If less than one day
 hrs.
 min.9. Birthplace **Virginia** ?
 (Town, county, and state)10. Usual occupation **Laborer**11. Industry or business **canning house**

12. Name	unknown
13. Birthplace	unknown

14. Maiden name	unknown
15. Birthplace	unknown

16. Informant **Hospital Records**Address
 Burial **Burial**17. (Burial, cremation, or removal. Which?) **Cemetery** Date thereof
 (month) (day) (year)Cemetery or crematory **Cemetery, Vienna**Location **Painey, Virginia**18. Funeral director **James F. Steward**Address **Salisbury Md. Box 583**

19. Oct. 29. 1947 John Mac Jr. M.D. (Date rec'd by registrar)

Register
 Signature **Dr. W. Shriver, D. M. D. Exam**

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 28 1947** at **6-40 P.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **X X** to **X X**, 1947, and that I last saw him alive on **X X**, 1947.Immediate cause of death **Injury to Brain**Due to **Fracture of Skull**Due to **Unconscious when brought to hospital and died without regaining consciousness**Other conditions **consciousness**

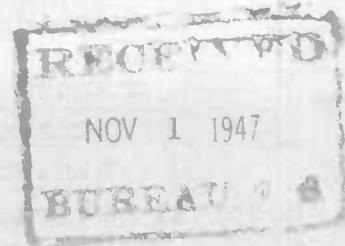
(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **accident** Date of **Oct. 28/47**Where did injury occur? **Vienna - Dorchester - Md.** (City or town) (County) (State)Injured at home, farm, Industry, public place (where?) **route 313**Means of injury **Automobile** Injured at work? **no**23. SIGNATURE **Dr. W. Shriver, D. M. D. Exam** M. D. or otherAddress **Cambridge, Md.** Date signed **Oct. 28/47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09026
116

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 3 Years
Hospital, Institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution?..... 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Dorchester
City or town... Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 210 Belvedere Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war. - - - - -

3. (a) FULL NAME
Alexina Navy Robinson

3. (b) Social Security Number
- - - - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Joseph L. Robinson
(Died 4/21/1944) 6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) Feb. 8, 1870

8. AGE: Years	Months	Days	If less than one day
77	8	16	hrs. min.

9. Birthplace Taylors Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

MOTHER FATHER
12. Name Moses Navy

13. Birthplace Maryland

14. Maiden name Caroline Tall

15. Birthplace Maryland

16. Informant Mrs. S. Earl Webster

Address Cambridge, Maryland

17. Burial Date thereof Oct. 26, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethelham Church Cemetery

Location Taylors Island, Dor. Co., Md.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10-26-1947 John Macejnd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1947 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 22 1947 to October 24 1947
and that I last saw her alive on October 24 1947.

Immediate cause of death Coronary artery thrombosis
DURATION 2 days

Due to atherosclerosis
Generalized

Due to Hypertensive cardiovascular disease

Other conditions Atrophic arthritis
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following: No

Accident, suicide, or homicide..... Date of.....

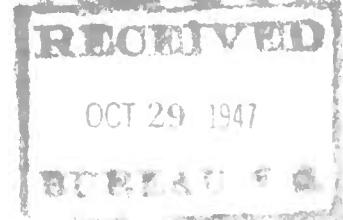
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work? _____

23. SIGNATURE H. J. B. Lewis M. D. or other _____

Address Cambridge Md. 10/26/47 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69027

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 3 days

3. (a) FULL NAME

Omega Short

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White

Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

1865

8. AGE:

Years
82

Months

Days

It less than one day

..... hrs. min.

9. Birthplace..... Galestow, Dorchester, Cy. Maryland

(Town, county, and state)

10. Usual occupation

none

11. Industry or business

12. Name..... James Short

13. Birthplace..... Galestow, Dorchester Maryland

14. Maiden name..... unknown

15. Birthplace..... Galestow, Dorchester, Cy. Md

16. Informant..... Hospital Records

Address..... Cambridge, Maryland

17. Burial Date thereof. Oct 8 47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Galestow

Location..... Galestow, Md.

18. Funeral director..... J. J. Franglom, Son.

Address..... Federalsburg, Md.

19. Date rec'd by registrar. Oct. 6 47

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Galestow (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... October 5 1947 at 10:50p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... October 2 1947 to October 5 1947
and that I last saw h.e.r..... alive on October 5 1947Immediate cause of death.....
..... Bronchopneumonia

Due to..... Senility

Due to.....

Other conditions..... Mental Deficiency

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... John J. Franglom, Son.

M. D. or other

Address..... Cambridge, Md. Date signed..... 10/5/47

RECEIVED

OCT 8 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69028

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? One Day

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? One Day

3. (a) FULL NAME

Corbin T. Simmons

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Bessie Fitzhugh - 1920

Rhodessa Tyler

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.)

Oct. 18, 1882

8. AGE:

Years 65

Months -

Days 2

If less than one day hrs. min.

9. Birthplace

Golden Hill, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER

12. Name George H. Simmons

FATHER

13. Birthplace Maryland

14. Maiden name

Margaret Insley

MOTHER

15. Birthplace Maryland

16. Informant

Mr. W. W. Simmons

Address

Royal Oak, Maryland

17. Burial

Date thereof Oct. 22, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. (Date rec'd by registrar)

10/21/47

John Macrae, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Hoopersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. Hoopersville

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1947, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 20, 1947, to Oct. 20, 1947,

and that I last saw h. in alive on Oct. 20, 1947,

Immediate cause of death

Uremia

DURATION

1 day

Due to arteriosclerotic heart disease unknown

Due to arteriosclerotic heart disease unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lawrence Manzano M. D. or other

Address Cambridge, Md. Date signed Oct 21, 1947





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

525

09629

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 50 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

6 Months

How long in hospital or institution?

3. (a) FULL NAME

Walter Slacum

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife Irene E. Leonard

(Died March-1947)

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) Nov. 21, 1873

8. AGE: Years 73 Months 10 Days 20 It less than one day hrs. min.

9. Birthplace James Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business "

12. Name Nabath H. Slacum

13. Birthplace Maryland

14. Maiden name Catherine Barnes

15. Birthplace Maryland.

16. Informant Mr. Lloyd Slacum

Address Cambridge, Maryland

17. Burial Date thereof Oct. 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10-13-1947 John Maynard
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 205 Choptank Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1947, at 7 : A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Oct. 10, 1947, to Oct. 11, 1947.

Immediate cause of death Inflammation of Bladder

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

" "

Date of

Where did injury occur? (City or town) (County) (State)

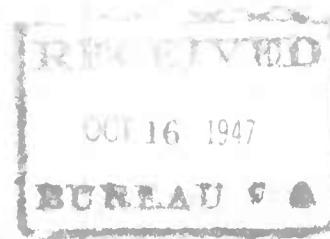
Injured at home, farm, Industry, public place (where?)

Means of injury:

Injured at work?

23. SIGNATURE:

John Maynard
Cambridge, Md. M. D. or
Address Date signed 10-11-1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69030

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

124-b

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution? Elven Weeks

3. (a) FULL NAME

Carroll R. Snelling

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Chrissie Long

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) April 24, 1896.

8. AGE: Years 51 Months 5 Days 13 If less than one day hrs. min.

9. Birthplace Eden, Somerset Co., Maryland

(Town, county, and state)

10. Usual occupation Owner Amusement Devices

11. Industry or business

12. Name Richard A. Snelling

13. Birthplace Maryland

14. Maiden name Annie R. Bozman

15. Birthplace Maryland

16. Informant Mrs. Chrissie Snelling

Address Cambridge, Maryland

17. Burial Date thereof Oct. 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 10/9/1947 John M. Snelling, M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 418 Maryland Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war World War No. 1

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1947 at 6:28 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7 1947 to Oct 7 1947
and that I last saw him alive on Oct 7 1947

Immediate cause of death

Cardiac Failure

DURATION

2 days

Due to Cirrhosis of Liver

2 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

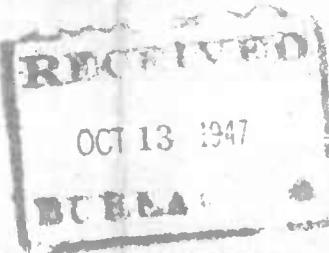
Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Eldridge H. Snelling
Cambridge, MD. M. D. or other
Address 10-847 Date signed





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69031

466

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Col

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 54 years

8. AGE: Years Months Days If less than one day

54 hrs. min.

8. Birthplace: Dorchester Co.

(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

12. Name: Columbia Coronation

13. Birthplace: Dorchester Co.

14. Maiden name: Anna M. Thomas

15. Birthplace: Dorchester Co.

16. Informant: Mary Warren

Address: East New Market

17. Burial, cremation, or removal (Which?) Cemetery Date thereof

(month) (day) (year) Oct 26 1947

Cemetery or crematory: Cemetery

Location: Salem Park

18. Funeral director: John Moore

Address: Cambridge

19. (Date rec'd by registrar) 10-26-47 John Moore, Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Dorchester

City or town

East New Market

Street No.

R 78

(If outside city or town limits, write RURAL and give nearest town)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26 1947 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 1947 to Oct. 26 1947 and that I last saw her alive on Oct 21 1947.

and that I last saw her alive on Oct 21 1947.

Immediate cause of death:

Theratatic Adenocarcinoma

Due to: Carcinoma Stomach

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

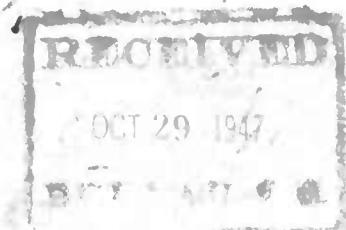
Means of injury:

Injured at work?

23. SIGNATURE:

M. D. or other

Address: Cambridge Md Date signed: 10/26/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct name. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

69632
Reg. Dist. No. 111

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Dorchester
East New Market, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

55 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Jader

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Ellie Brumley Jader

7. Birth date of deceased (mo., day, yr.)

July 6, 1857

6. (c) If alive, give age — years

8. AGE:

Years
90Months
3Days
22

It less than one day

hrs. min.

9. Birthplace

Widow Germany

(Town, county, and state)

10. Usual occupation.

Retired Farmer

11. Industry or business

John Jader

MOTHER FATHER

12. Name

Germany

13. Birthplace

don't know

14. Maiden name

John Jader

15. Birthplace

Germany

16. Informant

John Jader

Address

East New Market, Md.

17. Cemetery or cremator

Burial Cemetery

Date thereof

Oct 30, 1947
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or cremator

Cemetery

Location

East New Market

18. Funeral director

J.B. Wellinghby

Address

East New Market, Md.

19. (Date rec'd by registrar)

Oct. 29, 1947

19. (Date signed)

P. D. Brown, C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Dorchester

City or town

East New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R.F.D.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28, 1947 at 11:52 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 27, 1947 to 1947

and that I last saw him alive on Oct 27, 1947

Immediate cause of death

Hepatitis, cerebral

Due to

Sensitivity

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

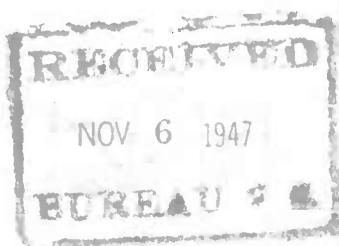
Injured at work?

23. SIGNATURE

P. D. Brown, M.D.

M. D. or other

Address East New Market, Md. Date signed Oct 29, 1947



D. Anderson
10 Anderson
PLEASE WRITE PLAINLY, WITH UNADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

69633
118

Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Williamsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

William H. Todd

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jennie C. Todd

7. Birth date of deceased (mo., day, yr.)

May 16, 18556. (c) If alive, give age 77 years

8. AGE:

Years

Months

Days

If less than one day

92

5

0

hrs.

min.

9. Birthplace

Dorchester County, Maryland

(Town, county and state)

10. Usual occupation

Retired

11. Industry or business

Blacksmith

FATHER

12. Name

William Todd

MOTHER

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Susan Collins

15. Birthplace

Dorchester County, Maryland

16. Informant

Houston Todd

Address

Williamsburg, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof October 19, 1947

(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. F. Franklin, Jr. Son

Address

Federalburg, Maryland

19. October 19, 1947

(Date rec'd by registrar)

Charles Hastings

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Williamsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

No

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 16

1947

at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased Oct 16

1947

Oct 16, 1947

and that I last saw him alive on Oct 16, 1947

1947

Immediate cause of death

Chronic myocarditis

DURATION

5 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

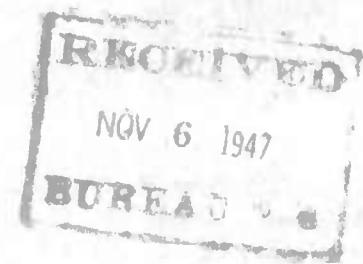
Injured at work?

23. SIGNATURE

Frank M. Anderson MD

M. D. or other

Address Frederick County, Md. Date signed 10/18/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

69034

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Dorchester

City or town

Secretary

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

All life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Albert Townsend

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

Married

6. (b) Name of husband or wife

Maggyd Townsend

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

March 17, 1873

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Hancock, Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

William Townsend

Md.

12. Name

Name

13. Birthplace

Name

14. Maiden name

Name

15. Birthplace

Name

16. Informant

Name

Name

Name

Name

Address

Name

Name

Name

Burial

Name

Name

Name

Cemetery

Name

Name

Name

Location

Name

Name

Name

Funeral director

Name

Name

Name

Address

Name

Name

Name

Date rec'd by registrar

Name

1
102

RECEIVED

OCT 23 1947

FEDERAL BUREAU OF INVESTIGATION